County: Rock ROCK COUNTY HEALTH CARE CENTER PO BOX 351 JANESVILLE 53547 Pt JANESVILLE 53547 Phone: (608) 757-5000
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 305
Total Licensed Bed Capacity (12/31/00): 354
Number of Residents on 12/31/00: 262 Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census: County Skilled No Yes 300

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care No Supp. Home Care-Personal Care No		Primary Diagnosis	 %	Age Groups		Less Than 1 Year 1 - 4 Years	14. 9 34. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 1	Under 65	29. 4	More Than 4 Years	50. 4
Day Servi ces	No	Mental Illness (Org./Psy)	30. 2	65 - 74	17. 2		
Respite Care	No	Mental Illness (Other)	26. 3	75 - 84	28. 6		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.4	85 - 94	22. 1	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.5	95 & 0ver	2. 7	Full-Time Equivaler	
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	1. 1		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	2. 7	65 & 0ver	70. 6	[
Transportation	No	Cerebrovascul ar	5. 7			RNs	19. 8
Referral Service	No	Di abetes	1. 1	Sex	%	LPNs	5.8
Other Services	No	Respi ratory	1. 9			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	27. 9	Male	42. 0	Aides & Orderlies	49. 9
Mentally Ill	No			Female	58. 0		
Provi de Day Programming for			100. 0				
Developmentally Disabled	Yes				100. 0		

Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	ri vate	Pay	 !	Manageo	d Care		Percent
			Per Di	em		Per Die	m		Per Die	m		Per Dien	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	11	4. 4	\$117. 86	0	0. 0	\$0.00	2	18. 2	\$241.00	0	0. 0	\$0.00	13	5. 0%
Skilled Care	Ĭ	100. 0		194	77. 6	\$99. 76	Ŏ	0. 0	\$0.00	9		\$216.00	Ŏ	0. 0	\$0.00	204	77. 9%
Intermedi ate				40	16.0	\$81.66	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	40	15. 3%
Limited Care				1	0.4	\$69. 60	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	0.4%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				4	1.6	\$139. 73	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	4	1. 5%
Traumatic Brain Inj		0.0		0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Ventilator-Depender	nt O	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	1	100.0		250	100. 0		0	0.0		11	100.0		0	0.0		262	100.0%

Admissions, Discharges, and		Percent Distribution	of Residents'	Conditions, Serv	rices, and Activities as	of 12/31/00
Deaths During Reporting Period				% Needi ng		Total
Percent Admissions from:		Activities of	%	Assi stance of	of % Totally	Number of
Private Home/No Home Health	13. 2	Daily Living (ADL)	Independent	One Or Two St		Resi dents
Private Home/With Home Health	0. 0	Bathing	2. 3	57. 3	40. 5	262
Other Nursing Homes	5. 8	Dressing	10. 3	65. 6	24. 0	262
Acute Care Hospitals	75. 2	Transferri ng	36. 3	38. 5	25. 2	262
Psych. HospMR/DD Facilities	4. 1	Toilet Use	23. 7	43. 9	32. 4	262
Rehabilitation Hospitals	0. 0	Eating	24. 8	61. 1	14. 1	262
Other Locations	1. 7	********	******	******	********	*******
Total Number of Admissions	121	Continence		% Special	Treatments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter		ing Respiratory Care	4. 6
Private Home/No Home Health	38. 0	Occ/Freq. Incontinent			ing Tracheostomy Care	0. 8
Private Home/With Home Health	0. 0	Occ/Freq. Incontinent			ing Suctioning	0. 8
Other Nursing Homes	6. 1	· •		Recei v	ing Ostomy Care	3. 4
Acute Care Hospitals	12. 3	Mobility			ing Tube Feeding	6. 9
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l		ring Mechanically Altered	Di ets 12.6
Reĥabilitation Hospitals	0. 0				o v	
Other Locations	6. 1	Skin Care		Other Re	sident Characteristics	
Deaths	37. 4	With Pressure Sores		4. 2 Have A	dvance Directives	62. 2
Total Number of Discharges		With Rashes		17.6 Medicati	ons	
(Including Deaths)	163			Recei v	ing Psychoactive Drugs	70. 2
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		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	This Government		ernment	200+		Skilled		Al l	
	Facility	Peer	Group	Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84. 7	82. 7	1.02	80. 6	1. 05	84. 1	1. 01	84. 5	1.00
Current Residents from In-County	86. 6	85. 7	1. 01	83. 1	1.04	83. 5	1. 04	77. 5	1. 12
Admissions from In-County, Still Residing	32. 2	34. 4	0. 94	26. 5	1. 22	22. 9	1.41	21. 5	1.50
Admissions/Average Daily Census	40. 3	67. 7	0. 60	107. 9	0. 37	134. 3	0. 30	124. 3	0. 32
Discharges/Average Daily Census	54. 3	72. 5	0. 75	108. 6	0. 50	135. 6	0.40	126. 1	0.43
Discharges To Private Residence/Average Daily Census	20. 7	23. 7	0.87	45. 4	0. 45	53. 6	0. 39	49. 9	0.41
Residents Receiving Skilled Care	82. 8	83. 9	0. 99	88. 0	0. 94	90. 1	0. 92	83. 3	0. 99
Residents Aged 65 and Older	70. 6	83. 5	0.85	87. 7	0.80	92. 7	0. 76	87. 7	0.81
Title 19 (Medicaid) Funded Residents	95. 4	77. 2	1. 24	70. 6	1. 35	63. 5	1. 50	69. 0	1.38
Private Pay Funded Residents	4. 2	17. 9	0. 23	23. 8	0. 18	27. 0	0. 16	22. 6	0. 19
Developmentally Disabled Residents	1. 1	3. 4	0. 33	2. 9	0. 39	1. 3	0. 91	7. 6	0. 15
Mentally Ill Résidents	56 . 5	56 . 6	1.00	46. 8	1. 21	37. 3	1. 51	33. 3	1.69
General Medical Service Residents	27. 9	14. 3	1. 94	15. 4	1. 81	19. 2	1. 45	18. 4	1.51
Impaired ADL (Mean)	54. 0	50.8	1.06	49. 4	1. 09	49. 7	1.09	49. 4	1.09
Psychological Problems	70. 2	61. 2	1. 15	56. 4	1. 25	50. 7	1. 38	50. 1	1.40
Nursing Care Required (Mean)	6. 3	6. 6	0. 96	7. 3	0.87	6. 4	0. 98	7. 2	0.89